

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Request for reinstatement of Class C Taxi Certificate

Roger Vestal DBA Bluffton Taxi

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET 2009 - 107 - T
NUMBER: 2001 - 240 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

(*) Submitted by: Roger Vestal dba Bluffton Taxi (*) Telephone: 843-227-3101

(*) Address: PO Box 2011 (*) Fax: _____
Bluffton, SC 29910 Other: _____

(*) Email: Bluffton-taxi@aol.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input checked="" type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input checked="" type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

RECEIVED
OCT 20 2010
PSC SC
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form

CLASS C REINSTATEMENT FORM

2001-240-T

File the original with:

Public Service Commission of South Carolina
 Clerk's Office
 Motor Carrier Matters
 P.O. Box 11649
 Columbia, S.C. 29211
 (803) 896 - 5100
 FAX (803) 896-5199

Mail or fax a copy to:

S.C. Office of Regulatory Staff
 Transportation Department
 1401 Main Street, Suite 900
 Columbia, S.C. 29201
 (803) 737-0578
 FAX (803) 737-0815

(*) DATE: 10/20/10

Please consider this an application for Reinstatement of my:

- ☒ Taxi Certificate Number 7113
☐ Charter Certificate Number _____
☐ Charter Bus Certificate Number _____
☐ Non-Emergency Certificate Number _____

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 CLERK'S OFFICE

My certificate was revoked/cancelled on 5/14/09 because of failure to
 (DATE)
pay license decal fees for First Half Year 2009.

(*) I am seeking reinstatement because to do business

(*) Roger Vestal
 (Name of Company)

DBA Bluffton Taxi
 (if applicable)

(*) 19 Devonwood Ct
 (Street Address)

(*) PO Box 2011
 (Mailing Address if different from Street Address)

(*) Bluffton, SC 29910
 (City, State, Zip Code)

(*) [Signature]
 (Signature)

(*) 843-227-3101 843-757-9979
 (Telephone Number)

(*) owner
 (Title) Owner, President, etc.



FAX TRANSMITTAL SHEET
Office of Regulatory Staff
1401 Main Street, Suite 900
Columbia, SC 29201

(803) 737-0578 Phone

(803) 737-0815 Fax (direct to my desk)
Email: (cchauvi@regstaff.sc.gov)

From: Carole Chauvin, Transportation Department

Date: 10/20/10

Please Deliver Immediately To:

Dana – Bluffton Taxi

OCT 20 2010
HSC SC
CLERK'S OFFICE

Fax Number: 843-815-6887

Subject: Request to Reinstate Certificate Forms

Number of Pages (including this cover sheet): 3

☐ **For Review** ☐ **Please Reply** ☐ **Urgent**

Attached are two forms that need to go the S.C. Public Service Commission in order to ask for reinstatement of the Taxi Certificate for Roger Vestal DBA Bluffton Taxi.

The two forms, the Transportation Cover Sheet and the Class C Reinstatement Form, have portions that have been filled out by me. Please review the forms carefully and complete any portions that are incomplete indicated by an * that is circled. Be sure to include the reason you seek re-instatement on the Class C Reinstatement form. Both of those forms are sent to the Public Service Commission, not our office. The fax number for the Public Service Commission is 803-896-5199.

Thanks, Carole

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